



Child and Adult Care Food Program

Sponsoring Organization Monthly Site Claim Summary

Name of Sponsoring Organization:							
Claim Month:				Fiscal Year:			
Facility Name	Number of Meals Served by Type						
	Breakfast	AM Snack	Lunch	PM Snack	Supper	At-Risk Snack	At-Risk Supper
Totals:							

Signature of Person Preparing Report

Date

Name of Person Preparing Report